



400 R STREET, SACRAMENTO, CALIFORNIA 95814-6200

**DRAFT MINUTES**

Task Force on Culturally and Linguistically  
Competent Physicians and Dentists  
Quarterly Meeting  
400 R Street, Suite 1030  
Sacramento, CA 95814  
April 9, 2002  
1:30 p.m. - 4:30 p.m.

**Task Force Members Present:**

Kathleen Hamilton, Director, Department of Consumer Affairs, Co-Chair  
Jack Broussard, D.D.S., Immediate Past President of the California Dental Association  
David Carlisle, M.D., Ph.D., Director, Office of Statewide Health Planning and Development  
Anil Chawla, M.D., Medical Director, Clinicas del Camino Real  
Arthur Chen, M.D., Medical Director, Alameda Alliance for Health  
Mary Chung, MBA, Iris Alliance Fund  
Hector Flores, Co-Director of the Family Practice Residency Program at Medical Center  
Martin Gallegos, D.C., Director, Office of Patient Advocate  
Ernest Garcia, D.D.S.  
Suzanna Gee, Associate Managing Attorney, Protection and Advocacy, Inc.  
Newton Gordon, D.D.S., Professor of UCSF, Dental Board of California  
Miya Iwataki, Director of Diversity Programs, Los Angeles County Health Services  
Francis Lu, M.D., Professor of Clinical Psychiatry, UCSF  
Arnoldo Torres, Executive Director, California Hispanic Health Care Association  
Melissa Welch, M.D., MPH, Medical Director, Health Plan of San Mateo  
Doreena Wong, Staff Attorney, National Health Law Program

**Staff Members Present:**

Kristy Wiese, Assistant Deputy Director, Department of Consumer Affairs  
Vanessa Baird, Chief, Office of Multi-Cultural Health, Department of Health Services  
Jean Iacino, Special Assistant to the Director, Department of Health Services  
Anita Scuri, Senior Legal Counsel, Department of Consumer Affairs

**Call to Order – Establish a Quorum:**

The meeting was called to order at 1:35 p.m., by Kathleen Hamilton, Director of the Department of Consumer Affairs (DCA). All Task Force Members present introduced themselves. Noticing the absence of a quorum the Task Force convened as a subcommittee.

**Opening comments from co-chair, Director Hamilton:**

Ms. Hamilton announced that Ms. Irma Cota has resigned from serving as a member of the Task Force due to her workload and travel commitments. She thanked Ms. Cota for her time and efforts.

**Review and Approve Minutes from the January 8, 2002 Task Force Meeting (Action):**

Director Hamilton requested that members review the minutes for approval at the next quarterly meeting to be held on July 9, 2002 since a quorum could not be established.

**Status Reports from Working Groups—Report on Preliminary Recommendations (Action):**

Director Hamilton requested that Ms. Wiese provide an update on the efforts of the Continuing Education and the Cultural Competency Certification working group. Ms. Wiese advised the working group met on March 12th and April 9th. Preliminary recommendations were as follows:

- Require a basic continuing education class in cultural competency as a condition of license renewal.
- Structure a detailed voluntary certification program that physicians would have available to them to increase their cultural and linguistic competency.
- Establish contract requirements in state subsidized health programs such as Medi-Cal, Healthy Families, and Denti-Cal programs that require providers to demonstrate cultural and linguistic competency.
- Require DHS to give additional bonus points when negotiating contracts to providers who demonstrate cultural or linguistic competency or providers who have attained certification.
- Require linguistic training in dental school curriculums as a condition of licensure.

The working group will meet prior to the July 9th meeting to finalize recommendations and present them to the larger group at the next quarterly meeting.

Dr. Gordon asked if prior discussions addressed specialty providers who don't have routine contact with patients. Ms. Wiese replied that at the March 12th meeting it was decided that it would be beneficial to require all physicians regardless of specialty to complete basic continuing education courses.

Director Hamilton advised that the recommendations should be specifically framed in terms of short and long term objectives.

Ms. Gee clarified her stance on making continuing education and mandating that physicians ascertain a specified number of units related to cultural competency and/or medical terminology within a given time frame. She believed voluntary compliance would not change the current situation.

Director Hamilton asked Ms. Wong to provide an updated report on the Cultural Competency Standards Working Group. Ms. Wong reported that the Cultural Competency Standards Working Group conducted meetings on March 12th and April 9th. Ms. Wong advised that they have not yet developed any specific recommendations. However, they have gathered resource materials and existing competency standards in an attempt to define cultural competency and key cultural elements. Members will meet prior to the July 9, 2002 quarterly meeting and prepare a

draft document that outlines proposed recommendations that would be disseminated to the Task Force members.

Ms. Wiese advised a survey with proposed dates and locations would be provided to the Task Force members to ascertain their preferences for the next working group meetings.

Dr. Gordon commented that he heard several phrases that have been mentioned interchangeably which don't necessarily have the same meaning. He suggested the Task Force decide what definitions are appropriate when making recommendations in terms of goals, objectives, guidelines, standards criteria, and requirements.

Mr. Torres explained that he supported recommendations that would give contract preferences to physicians and dentists who are culturally and linguistically competent. After the contract is awarded, the terms and conditions of the contract would specify that a percentage of the providers would be culturally and linguistically competent.

Dr. Welch replied that MRMIB and Healthy Families currently have some provisions for cultural and linguistic requirements. Dr. Welch commented that it could be risky for the state to hold plans accountable for providers when there are not enough instructors to train physicians. This could create a huge access dilemma for the Medi-Cal population if resources are not created to provide the training for providers to comply.

Dr. Lu remarked that another aspect of linguistic competency is the ability to know when an interpreter is needed and how to use an interpreter. These are basic skills that are easily attainable and precede the linguistic competency of the physician. Dr. Lu also commented that this is contained in the CLAS Standards from the Office of Minority Health on linguistic competency and the need for training interpreters.

Director Hamilton advised that the issue of interpreters and certification has come up as a cross cutting issue through the general Task Force and public hearings and would ask the working groups to continue to add that in their discussions

**Presentation by Santa Clara Valley Health and Hospital System, "Strategic Initiatives to Move Cultural and Linguistic Competence Forward: The Santa Clara County Experience":**

Nancy Pena, Ph.D., Director of the Santa Clara Valley Health and Hospital System (SCVHHS), spoke about the progress made at the mental health department in Santa Clara. Dr. Pena reported that several years ago the Santa Clara County Mental Health Department developed a long range plan for mental health by determining service needs, developing a cultural competency plan, and integrating cultural competency into all levels of the organizations. As a result, the department's staff is diverse and offers a culturally and linguistically skilled workforce that provides a broad continuum of services at the state hospital, including acute and emergency care, residential, day treatment, outpatient, case management, outreach and education.

Dr. Pena advised that SCVHHS has performance expectations built into contracts to delineate the ethnic populations to be served as a percentage of caseloads are based on demographic data. She advised that SCVHHS is collaborating with universities to extensively train 80 masters and

doctoral bicultural and bilingual students each year. Through this partnership, 75% of the interns are hired. Successful strategies employed are consumer focus groups, state cultural competency plans, mandatory training, Medi-Cal population ethnicity goals and high school mental health academies.

Dr. Pena stated that achieving cultural competency takes time, but can be accomplished through a sustained commitment, by keeping leadership informed, community client participation, and requires a commitment from all levels of the organization.

Ms. Chung asked Dr. Pena if the mental health providers were physicians or counselors. Dr. Pena responded that they were psychologists and physicians.

Dr. Garcia asked Dr. Pena who funded the high school health academies. Dr. Pena replied the academies were funded through grants and local foundations.

Susan Murphy, Director, Santa Clara Valley Medical Center (SCVMC), commended Dr. Pena for the leadership she has brought to the mental health department in moving forward in making it culturally and linguistically competent and diverse. Ms. Murphy spoke about the remote speakerphone interpretation system that was implemented in 1997 at SCVMC for non-English speaking patients. As a result, this innovative technology has reduced the waiting time and has been met with phenomenal success, which allows physicians to provide improved healthcare.

Ms. Murphy conveyed that SCVMC provides approximately 600,000 outpatient visits a year. The medical center is medically, culturally and linguistically diverse. Interpretation services are provided through several means, twenty full-time interpreters, bilingual staff, in-house language bank, and contracted interpreters. In addition, staff persons who speak languages other than English serve as interpreters. However, interpretation services alone cost close to two million a year.

Ms. Murphy remarked that mandatory vs. voluntary continuing education is a fairly complex issue and to add unfunded mandates to providers who are already burdened could potentially hinder progress to the unprecedented health care crisis and will cost providers a significant amount of money to attain. Ms. Murphy expressed concern in moving in this direction as we are having difficulty in hiring people, let alone linguistically competent people to provide adequate care.

Ms. Wong asked if there was a preference for choosing to use the in-house language banks or the face-to-face interpretations. Ms. Murphy responded that the language bank can be used by telephonic interpretation or face-to-face and in some instances are not used on the inpatient side because the issues are acute, sensitive or the patient needs auditory privacy.

A question was posed to Ms. Murphy to expound further on the high school programs offered. Ms. Murphy explained that Andrew Hills High School is a medical magnet high school on the east side of San Jose that is working with the Medical Center and Kaiser Hospitals to provide training and placement to high school students in the health workforce. She related further details could be obtained by contacting Marilyn Bliss.

**Presentation by Dr. Edward Chu, Director of the Multicultural Curriculum Program, Children's Hospital of Oakland:**

Edward Chu, M.D., Director of the Multicultural Curriculum Program, from the Children's Hospital of Oakland, shared his perspective on cultural competency. He stated it should be a high priority, but not an arduous burden, and should be easily integrated into training programs without prohibitive costs. Dr. Chu stated that Oakland Children's Hospital is facing a funding crisis at one of the offsite units that provide services to a large Medi-Cal and Healthy Families population. Furthermore, primary care in pediatrics is at a crisis point. Even Oakland Kaiser Pediatrics, which is nationally recognized, could not fill three vacant residency slots last year. He stated the proposition to consider the pilot program in AB 2394 was not the solution to the health care crisis. Dr. Chu recommended that the Task Force evaluate the following issues:

- Concentrate on a systems change. This is important not to place liability and added costs to the physician.
- Physicians who are not culturally competent can hire staff to meet those needs.
- Address the issue of retaining physicians from the U.S. The average debt incurred for physicians while attending medical school in the United States is approximately \$190,000.

Dr. Flores asked Dr. Chu to further expound upon the information contained in his handouts. Dr. Chu further related that the multicultural curriculum program has a proud history about identifying ethnic disparities and how those disparities are addressed. He referenced the Institute of Medicine report that contained articles illustrating the patient and provider interaction.

Dr. Chu stated the multicultural curriculum program began in 1992 when the administration took progressive measures to address multicultural health issues. Funding has been from outside agencies, such as California Wellness Foundation, The California Endowment, and not funded from the operating costs of the hospital.

Ms. Wiese asked Dr. Chu about the three residency slots that were vacant at Kaiser. She stated that comments were consistently made at the public hearings that there were not enough residency slots for medical students.

Dr. Chu responded he believed that medical students were not choosing primary care positions and many residency slots were unfilled throughout the country, especially in California.

Dr. Lu related that this is a national trend and that medical students are not choosing to practice in primary care specialty, particularly in California. Dr. Lu also stated that the Institute of Medicine reports that the representation of ethnic minorities in the healthcare workforce needs to be substantially increased.

Dr. Flores commented that there should be a balance between recruiting and teaching. He praised the Santa Clara model for its innovative approach.

Dr. Garcia asked if there was a pediatric dental residency at the Children's Hospital in Oakland and Dr. Chu responded yes, but there is a possibility that funding might be eliminated.

Ms. Iwataki pointed out that AB 652 requires UC Regents to report to the Legislature by January 2003 regarding recruiting students from underserved areas to dental, medical and optometry schools. The UC Regents are also requested to use existing resources to establish professional outreach programs for elementary, high school, community college and undergraduate students. Ms. Iwataki suggested inquiring if sponsors of AB 652 would speak at the next quarterly Task Force meeting.

Dr. Flores concurred with Dr. Chu in regards to being self-sufficient and diligently developing an internal workforce. He remarked that data collected by the Welcome Back Program has rendered results that about half of the international medical graduates who apply to residency programs have completed their training within the past two years. Many of them have been out of the medical profession for approximately 10-15 years. A potential problem that exists is that even if they pass the licensure exams, international graduates may not have the skills learned in medical school in their native country. Moreover, we are taking a very high-risk candidate who may require remedial training before successfully completing the training. On the contrary, in terms of self-sufficiency, every year there are about three thousand underrepresented minority students entering college with an expressed interest in medicine and approximately five hundred are accepted into medical schools throughout the U.S. An assessment should be done to determine what occurred to the other 2,500 students.

Dr. Gordon mentioned that during the period of 1970-1985 there was a vast source of funding that made it possible to train physicians, dentists and other health care providers. In fact, 25% of students in medical schools were of minority origin. Unfortunately, in 1985 funding was abolished. With improved funding, the ability to train minority students would be possible to fill these positions.

Dr. Chen asked Dr. Chu if there were short and long-term assessments to measure the impact of the programs. Dr. Chu responded that the evaluation is based on patient satisfaction surveys and there has been some success. Moreover, attendance and community participation has increased. Dr. Chu stated that residents are attracted to the program because of the environment and the multicultural curriculum program. Evidence can be seen due to high minority participation and diverse residency classes. Due to the lack of funding from Medi-Cal, it is difficult to serve patients and many programs were eliminated. Consequently, it has been difficult to retain minority faculty.

### **Review Draft Recommendations Generated from Public Hearings held in San Diego, Oxnard, San Francisco and Salinas, Sacramento and Bell Gardens (Action):**

The Task Force members reviewed draft recommendations that were compiled from the public hearings and quarterly Task Force meetings. Ms. Wiese advised that this report was amended to include the public comments from the Bell Gardens and Sacramento public hearings. She advised that a number of recommendations were made consistently throughout the public hearings.

### **Public Comment:**

Vivian Huang, California Primary Care Association shared her perspective on some of the comments presented. Ms. Huang expressed concern that whatever cultural competency training

that the Task Force recommended that certain populations were not stereotyped. She suggested encouraging bilingual and disadvantaged students in the communities to consider healthcare professions.

Ms. Huang related that innovative programs often rely on private funding and she encouraged the Task Force to recommend funding core operational resources to provide these types of programs and not rely on private foundation funding that could be eliminated.

Mr. Torres asked if the Task Force should request that the California Endowment and California Healthcare Foundations fund the initiatives that will come from the proposal.

Dr. Welch replied no, we should not rely on private financial assistance, because the foundation's funding may eventually be eliminated, and fundamentally the institutions should train the providers.

Mr. Torres disagreed and said the foundations should contribute funding, because institutions that want to acquire competency will not always have funding available.

Ms. Huang advised that they should recommend looking beyond foundation funding. The funding coming from innovative programs may not last and jeopardize the programs. Ms Huang stated she concurred with Dr. Welch that the state should provide core funding.

Ms. Wong also stated that we cannot rely on private funding and that there are model workforce diversity programs in place and similar programs should be developed in the medical and dental programs.

Mr. Torres criticized The California Endowment for some of the projects that they have funded remarking that health care project funding was not strategically applied.

Dr. Flores suggested providing the proprietary foundations with advanced copies of the recommended proposals to solicit their input prior to the Task Force submitting its final recommendations to the Legislature.

Dr. Welch reiterated that funding should be provided by the state to provide culturally competent physicians and not rely on private funding. The state is responsible to train the individuals. Certainly, foundations and private entities can help to spur model projects that work.

Dr. Chen suggested recommending several different approaches. He related that the Task Force could recommend specific types of intervention that would ultimately lead to institutional changes, but unfunded mandates could be challenging.

Mr. Torres advised that he wanted to invite speakers from Mexico to provide the Task Force with information relative to their competency programs. He clarified that they must be Spanish speaking, specifically Mexican, and not Spanish speaking Salvadorian, Argentineans, Chileans or any other group. He said that his organization would be willing to pay the expenses to bring a physician from Mexico to speak. Mr. Torres also stated that Mexico is unique because service is provided to many undocumented immigrants from Mexico that live and work in the State of

California. It is important to recognize that because immigrants cross the Border, the language, culture and the regional geographic ideologies remain with this population.

Ms. Wiese stated that representatives from other countries would have to also be given the option to represent their countries.

Dr. Flores suggested inviting speakers from Drew University, which has an excellent reputation for serving the underserved communities.

Ms. Wong asked for clarification in the proposal to bring speakers from Mexico to speak at the Task Force meeting. She asked what new information could a speaker provide to the Task Force because the Task Force has physicians from Mexico who could speak about the population of Mexico. Ms. Wong expressed concern for the number of presenters scheduled for the July 9<sup>th</sup> meeting. She suggested this would have to be an all day meeting instead of the typical half-day session.

Mr. Torres responded that it would provide clarity from a cultural perspective in serving the population that migrated from Mexico.

A motion was made to invite representatives from two foreign countries, including Mexico for the July meeting to speak about training providers on cultural and linguistic competency issues. In addition, inviting two or three representatives from Universities to speak about their training programs with the understanding that their travel expenses would not be reimbursed by the Task Force. However, Mr. Torres' organization has offered to pay the costs of their travel expenses or they may fund their own travel. The Task Force would need to schedule an all day meeting in order to accommodate various guest speakers.

Mr. Torres amended the motion to include making the next Task Force meeting an all day event. The motion was made by Torres and seconded by Iwataki. All members voted yes, with the exception of Chung who sustained.

Ms. Iacino related that since a quorum has not been established, legal clarification is needed on the effect of the vote.

Legal counsel subsequently advised that since the item was not noticed on the agenda as an action item and thus the motion was non-binding.

**Adjournment:**

The meeting was adjourned at 4:45 p.m.